

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		43	5/3/01
FORMALITY REVIEW	Sty-	827	5-5-01
RESPONSE FORMALITY REVIEW	mt-	571	10/13/01

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/13/01
2	✓	✓	5/13/01
3	✓	✓	5/13/01
4	✓	✓	5/13/01
5	✓	✓	5/13/01
6	✓	✓	5/13/01
7	✓	✓	5/13/01
8	✓	✓	5/13/01
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If more than 150 claims or 10 actions  
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